

**RECEIVED  
CENTRAL FAX CENTER****APR 20 2007****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Hyesook HONG et al. Confirmation No.: 8758  
Application Number : 10/630,332  
Filed : July 30, 2003  
Title : MONITOR FOR VARIATION OF CRITICAL DIMENSIONS (CD's)  
OF RETICLES  
TC/Art Unit : 2812  
Examiner: : Ron Everett POMPEY  
  
Docket No. : TI-35165 (0025.0073)  
Customer No. : 23494

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**PETITION FOR EXTENSION OF TIME**

Applicants hereby petition for a three (3) month extension of time to reply to the Office .  
Action of October 10, 2006, thereby extending the period for response to April 10, 2007.

The Director is hereby authorized to charge the requisite fee of \$1,020.00 to Deposit .  
Account No. 20-0668 (in the name of Texas Instruments). Additionally, please charge any  
additional fees and credit any shortage or overpayment to Deposit Account 20-0668.

Respectfully submitted,

Dated: 4-20-07

By: Barbara A. Fisher  
Barbara A. Fisher  
Reg. No. 31,906

04/23/2007 EAYALEW1 00000014 200668 10630332

02 FC:1253 1020.00 DA

04/23/2007 03/19/2007 CKHLOK  
02 FC:1253 1020.00 DA  
00000014 200668 10630332  
1020.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/18/07</u>		2 Serial/Patent # <u>10630332</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
✓	Extension of Time	—	4/20/07	\$ 1020.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 1020.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 <span style="border: 1px solid black; padding: 2px;">20--0668</span>		
✓	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pats. Examiner</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>232060</u>		
OFFICE:				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>6/19/07</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*